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Welcome

The Indiana Department of Education
Welcomes You
To
The New Sponsor WebEx
For
The Child and Adult Care Food
Program
(CACFP)



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CACFP New Sponsor Workshop

- Familiarize you with the CACFP requirements
- Learn the steps necessary to apply for the Program
- Answer your questions.







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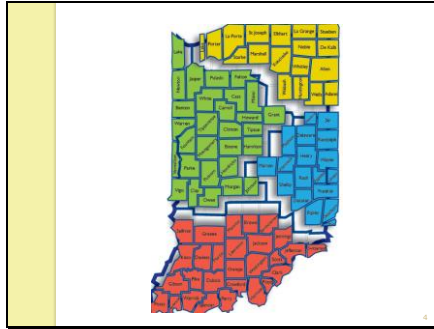
Who is IDOE?

- Who is IDOE?—the Indiana Department of Education
- IDOE administers child nutrition programs (CNP) for the United States Department of Agriculture (USDA)
- CACFP staff includes 2 office consultants and 4 field consultants






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CACFP is Best Defined By:

1. Planning, producing/purchasing, and serving NUTRITIOUS MEALS;
2. Serving them to ELIGIBLE PARTICIPANTS; and
3. Maintaining the SUPPORTING DOCUMENTATION.

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What is CACFP?

The Child and Adult Care Food Program (CACFP) is a federal program administered by the USDA designed to ensure that children in child care in America get the best possible nutrition, to help them grow up strong and healthy and to help establish healthy eating habits for life.


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Topics for Today

- VCA
- The application process
- Very Basic Record keeping



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What Programs are included?

- Non-Profit Licensed Center
- For-Profit Licensed Center
- Unlicensed Registered Child Care Ministry
- Public School Programs
- Outside-School-Hours Programs
- At-Risk After School Snack Programs
- Homeless or Emergency Shelters
- Adult Day Care Center

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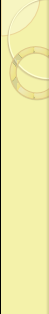


Licensed Child Care Centers, Head Start Centers, Registered Day Care Ministries, Adult Day Care Centers

- *Eligibility* is based on the Application for Free and Reduced-Price Meals
 - Household Income
 - Food Stamp Participation
 - TANF Participation
 - Head Start participants are categorically eligible

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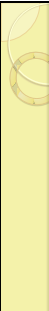


Licensed Child Care Centers, Head Start Centers, Registered Day Care Ministries, Adult Day Care Centers

- *Program Operation:* The program operates year-round for enrolled participants
- *Ages:* 12 years of age and younger for child care facilities
- *Meal Service:* 2 meals + 1 snack OR 1 meal + 2 snacks per participant per day can be claimed on CACFP.

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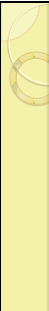


Outside-School-Hours Programs

- *Eligibility* is based on the Application for Free and Reduced-Price Meals
- *Program Operation:* Year-round for enrolled participants
- *Ages:* 12 years old and younger
- *Meal Service:* 2 meals + 1 snack OR 1 meal + 2 snacks per participant per day can be claimed on CACFP


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At-Risk After School Snack Program

- *Eligibility:* Based on site location and closest school
- *Program Operation:* When school is in session and school holidays
- *Ages:* 18 years old and younger
- *Meal Service:* 1 snack per child per day




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Homeless/Emergency Shelters

- **Eligibility:** All meals claimed as free
- **Program Operation:** year round
- **Ages:** Children 18 years old and younger. May NOT claim adults.
- **Meal Service:** ANY combination of three per child per day



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Definitions

- **Institution:** An entity that signs an agreement (contract) with the IDOE to administer the CACFP.
- **Independent Center:** signs an agreement with IDOE to operate the program in ONE center
- **Sponsor:** signs an agreement with IDOE to operate the program in more than one facility
- **Facility:** any day care home, child care facility or adult day care facility


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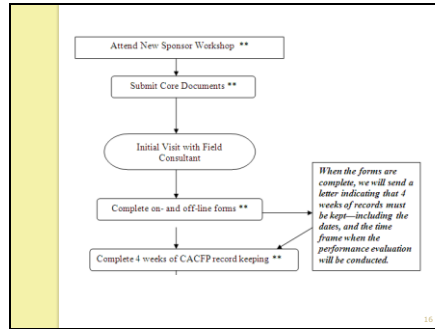
When?

- How soon will I get on the Program?
(refer to Policy Instruction 03-06)

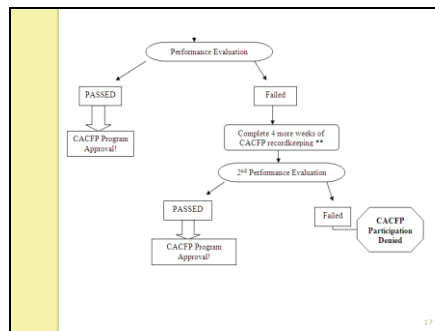


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How and How Much?

- How do I apply to be on the program? How often do I have to do this?
- How frequently?
- How much reimbursement will I receive? (We will look at an estimated reimbursement worksheet later)
- How often will I get paid? When do I submit a claim?

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Why Are We Here?

- New institutions **MUST** receive training in order to participate.
- CACFP is a voluntary program.
- CACFP is **NOT** a treasure chest of unlimited resources for child care institutions. You must be in compliance with the federal regulations and Indiana policies.



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The CNP Agreement

- It is a legal document between your institution and the IDOE to participate in CACFP.
- Signing it means you will comply with CACFP policies and regulations.
- Please read it carefully!

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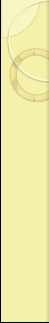


Why be in compliance?

- IDOE is required to review each institution every three years—may be more often.
- Reviews start with record keeping.
- CACFP records must be complete and **ORGANIZED!**

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Integrity of Program

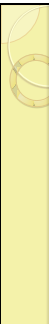
CACFP institutions MUST be Viable

- Program funds must be spent and reported in accordance with Federal Regulations
- Ample resources
- Ability to keep financial records
- Ability to prepare a budget




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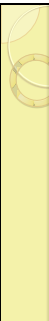
Adequate Financial Resources

- Day Care Tuition
- United Way Funds
- Voucher Payments
- Grants
- Fund Raisers
- Subsidized by other parts of organization, such as church for day care ministry.
- Other



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Integrity of Program


CACFP institutions MUST be Administratively Capable

- Sufficient number and type of staff
- Suitable and successful management practices are used to make sure the program operates according to regulations



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Integrity of Program


CACFP institutions MUST have Program Accountability

- Internal Controls and management systems to ensure fiscal accountability
 - Board of Director control and supervision of funds
 - Financial system with management controls
 - Maintain appropriate records



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Accountability

- Non-profits: Submit list of board members
- For-profits: Submit name and address of two people that have administrative and financial responsibility for the overall operation of the facility.

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Meal Service and other Operational Requirements

- Provide meals that meet requirements
- Comply with licensure
- Food service complies with local and State health and sanitation rules
- Comply with Civil Rights requirements
- Maintain complete and accurate records
- Claim reimbursement only for eligible meals

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New Institutions must:

- Be Approved to operate
 - A Valid license, or
 - A Current Certificate of Registration, or
 - A Complete Alternate Approval Form (We will look at this form a little later.)

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Centers and Ministries must:

- Collect CACFP enrollment forms for each participant
 - Must be renewed annually
 - Must be completed and signed by the parent or guardian.
 - Cannot be reimbursed for meals if no enrollment form on file
 - **Except:** At-Risk, OSH, Adult, and Homeless Shelters

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For-Profit Centers must:

- Meet 25% eligibility requirement initially and each month
 - 25% of enrollment or licensed capacity is receiving Title XX benefits (voucher payments)
- OR
- 25% of enrollment or licensed capacity is eligible for Free or Reduced-Price Meals
- Submit a complete *Enrollment Certification Form* to prove 25% eligibility.
- Cannot add Title XX and Free and Reduced-Price together to get 25%.


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Non-Profit Centers must:

- Submit documentation of 501(c)(3) status with the IRS
- Submit a *Church Affiliation Statement* if using the tax documentation from a church



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Most Institutions


- Must be registered with the Indiana Secretary of State to conduct business in Indiana.
- Must use the name that is registered with the SOS on the agreement (contract)
- ONLY Sole Proprietors and General Partnerships are exempt from SOS Registration

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Submit Core Documents!



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What happens next?

- When the CORE documents are complete and correct, you will be sent a login and password and directions for the CNPweb.
- A field consultant will contact you to schedule an Initial Visit.
- Internet access must be available on site for Initial Visit.

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The CNPweb

- Institutions will be required to enter on-line forms—Sponsor and Center information forms.
- Based on the information you enter, you will also be required to print off and submit copies of several off-line forms. Field consultants will discuss these during the Initial visit.


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How can I remember all this?

During the initial visit, your field consultant will answer your questions, provide additional training on CACFP requirements, and talk to you about your performance evaluation.



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What do I have to do?

After you have completed the on- and off-line forms, you will be notified regarding your Performance Evaluation. Each organization **MUST** complete 4 weeks of CACFP record keeping. You will **NOT** be paid for these 4 weeks of CACFP activity.

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The Performance Evaluation

- Your field consultant will review 4 weeks of Program records and meal service.
- If you **PASS**, you will be given a Program start date.
- If you **FAIL**, you will be given more training and will be required to keep 4 more weeks of records.

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Then What?

If you **PASS** the 2nd Performance Evaluation, Congratulations! You will be given a CACFP start date.

If you **FAIL** the 2nd Performance Evaluation, your CACFP participation will be **denied**. You will be required to attend another New Sponsor Workshop and have different CACFP program staff.

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What are your responsibilities?

- Maintain records
- Retain revenue in a restricted account
- Use funds for allowable costs
- Correct deficiencies identified by State Agency
- Implement corrective action for excessive balance

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Key CACFP Functions

- Ensure meals/snacks meet the CACFP meal pattern requirements
- Count and claim meals properly
- Keep all required records
- Ensure that program funds are used only for allowable expenses

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Sound Management Practices

- Monitor menus and meal service to ensure that CACFP requirements are being met
- Develop procedures for determining free and reduced-price eligibility
- Develop procedures to accurately count meals
- Develop a system to maintain required records
- Have a system to submit timely and accurate claims for reimbursement

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Completing Application Documents



A photograph showing a person's hands and arms in a dark suit, signing a white document on a wooden desk with a pen. Another document is visible in the background.


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Estimated Reimbursement

- Use the *Estimated Reimbursement Worksheet* to determine monthly reimbursement.
- Estimate the number of participants that are free, reduced, and paid.
- Determine meal counts and multiply by the current reimbursement rates.
- The monthly reimbursement times 12 months is your estimated annual reimbursement.
- The total dollar amount in column CF should not exceed this amount.



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MEAL TYPE	TOTAL # MEALS	RATE	MEAL REIMBURSEMENT	TOTAL
Free Breakfast		1.46		
Reduced Breakfast		1.16		
Paid Breakfast		26		
BREAKFAST TOTAL				(a)
Free Lunches/Suppers		2.68		
Reduced Lunch/Suppers		2.28		
Paid Lunches/Suppers		25		
LUNCH/SUPPER TOTAL				(b)
Free Supplements		74		
Reduced Supplements		37		
Paid Supplements		06		
SUPPLEMENT TOTAL				(c)
Cash-in-Hand: Total	1950			(d)
Cash-in-Hand: Total Number of Lunches and Suppers Served				
GRAND TOTAL OF CACFP REIMBURSEMENT FOR THIS MONTH: Meal				a + b + c + d =
Total plus Cash-in-Hand				

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Complete & Submit Core Documents



- CNP Agreement
- Vendor Information form
- Tax Status Information
- License Information
- Preapproval form for Centers
- VCA Profile
- Pre-Award Compliance
- Health Inspection Report
- Board of Directors
- 4 Weeks of menus for each meal/snack that you serve

[illegible]

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IDOE/CACFP
Revised 07/09

CORE DOCUMENT CHECKLIST

Potential CACFP Participants must submit the following information prior to CNPweb system. Failure to submit complete and correct information will d

Child Nutrition Programs (CNP) Agreement

- ☐ Two completed copies (refer to instruction sheet)
- ☐ Authorized representative's original signature in ink.



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Indiana Department of Education 1 West Union Street Indianapolis, IN 46204	Office of School and Community Partnerships (317) 232-0050 or (800) 332-1142
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INDIANA DEPARTMENT OF EDUCATION

State Agency - Sponsor Agreement for Child Nutrition Programs

Reasonable effort: Sponsor must complete and sign agreement within 30 days of the Department of Education, School and Community Partnership. The State Agency will receive agreement and return to you, the designated contact person for your State.

NAME AND ADDRESS OF SPONSOR:	FOUR YEAR BY DATE
	AGREEMENT NO.:
Federal ID #:	EFFECTIVE DATE: <u> </u>

The following documents shall be considered a part of this Agreement and shall be incorporated herein by reference.

HSLP, SLP, SHP	FSP	CACP	FSP
Child Nutrition Services Info	Child Nutrition Delivery Info	Child Nutrition Services Info	Child Nutrition Services Info
Child Nutrition Site	Management Plan & Budget	Administrative & Operating Budget	Administrative & Operating Budget
Policy Statement	Public Relations	Child Nutrition Site	Child Nutrition Site
	Child Nutrition Site Provider Info	Agency Procedures	Agency Procedures

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Mark each applicable box to indicate the programs you agree to operate:							
Type of Sponsor	Parental School Lunch Program	School Breakfast Program	Special Milk Program	Food Distribution Program	Child-Adult Care Food Program	Summer Food Service Program	
Public School							
Private School							
Residential Child Care Institution							
Child Care Center- Adult Day Care Center, Sponsor or Organization, or Sponsor					X		
Authority Indiana Code 20-26-9-8	7 CFR Parts 210, 245	7 CFR Parts 220, 245	7 CFR Parts 215, 245	7 CFR Parts 200	7 CFR Parts 200, 245, 246	7 CFR Parts 225, 245	


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For the SPONSOR		For the INDIANA DEPARTMENT OF EDUCATION	
Sponsor Name			
By (Signature)		By (Signature)	
Type or print name of signee:		Dr. Tony Bennett	
Title		Superintendent of Public Instruction	
Date		Date	

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What does PERMANENT Mean?

- A permanent agreement means that as long as program funds are available and the institution is in compliance with Federal and State requirements, it may continue to participate in CACFP.
- Failure to be in compliance will lead to a serious deficiency and possible termination and disqualification.

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IDOE/CACFP
02/08

CORE DOCUMENT CHECKLIST

Potential CACFP Participants must submit the following information prior to being granted access to the CNPweb system. Failure to submit complete and correct information will delay Program approval.

Contract

- ☐ One (1) completed copy (refer to instruction sheet)
- ☐ Authorized representative's original signature in ink.

Payment Information

- ☐ Vendor Information Form

Tax Status

- ☐ Not-for-Profit organizations must submit a copy of the 501(c)(3) tax exempt letter from the IRS.
- ☐ Registered Day Care Ministries must also submit a completed **Church Affiliation Statement****
- ☐ Title XX Proprietary Centers must submit a completed **Enrollment Certification Form****

Licensing

- ☐ Submit a copy of the current license or registered day care ministry certificate. Sites that are not licensed or not a registered day care ministry must complete an **Alternate Approval Form****.

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Vendor Information

Send completed form to: Indiana Office of State, 240 Statehouse, 240 W. Washington St., Indianapolis, IN 46204 or fax to (317) 224-2566

Legal Name (OFFICE OF THE COMPTROLLER OF PUBLIC ACCOUNTS) (DO NOT ENTER THE ACCOUNT'S NAME OF A HIRE (EMPLOYER) OF THE LIAISON)

Trade Name (Doing Business as Name DBA) (Complete only if payment is to be made payable to the DBA name)

Business Address

Purchase Order Address - Optional

Enter 9-digit Taxpayer Identification Number (TIN) of the legal name:
(Individual's SSN) _____ or EIN _____

Check legal entity type (A box must be checked in this section. Check only one box.)

- ☐ Individual ☐ Sole Proprietorship ☐ Partnership
- ☐ Estate ☐ Trust ☐ None: Share above, the name and number of the legal trust, or estate, not personal representatives
- ☐ Other (Limited Liability Company (LLC) (attach IRS Form 963 if applicable), Joint Venture, Club, etc.)
- ☐ Corporation: Do you provide legal or medical services? ☐ Yes ☐ No
- ☐ Government (or Government-owned entity)
- ☐ Organization Exempt from Tax under Section 501(c)

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One has must be checked: ☐ Yes, I am a U.S. Person (including U.S. resident alien) ☐ I am not a U.S. Person (to be filed with the Analysis of Form 990)

☐ All Deposits ☐ Change Deposit: Indiana law (IC 4-21-2-14) requires that YOU receive PAYMENTS by means of electronic transfer of funds.

SECTION 5 - PAYMENT INFORMATION

According to Indiana law, you agree to receive the transfer of electronic funds under the following terms:

Account Holder's Name: _____ Account Number: _____

Type of Account: ☐ Checking (Demand) ☐ Savings

SECTION 6 - FINANCIAL INSTITUTION'S APPROVAL (Check or have your financial institution complete this section)

The financial institution identified below agrees to accept automated deposits under the terms set forth herein.

Name of Financial Institution: _____

Telephone: (_____) _____

Address: _____

Financial Institution's Authorized Signature: _____

City, State, and Zip Code (00000-0000): _____ Title: _____

ABA Routing Number: _____ Date: _____

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SECTION 3: ELECTRONIC NOTIFICATION OF ELECTRONIC FUND TRANSFER (EFT) DEPOSITS	
<p><i>(Complete this section only if you are accepting electronic notification. Do not provide in this mail address.)</i></p> <p><i>Timely response for all Electronic Notification (EFT) deposits in the bank account specified below is necessary for the following email address:</i></p> <p>_____</p> <p>_____</p>	
<p><i>I agree to the provisions contained on the reverse side of this form.</i></p> <p>NAME (Print or Type) _____ TITLE _____</p> <p>AUTHORIZED SIGNATURE _____ DATE _____ PHONE _____</p>	

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ID-DC/CAFP 02/09	<u>CORE DOCUMENT CHECKLIST</u>
<p>Potential CACFP Participants must submit the following information in order to be granted access to the CNP web-system. Failure to submit complete and correct information will delay Program approval.</p>	
<p><u>Contact</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> One (1) completed copy (refer to instruction sheet) <input type="checkbox"/> Authorized representative's original signature in ink 	
<p><u>Parent Information</u></p> <p><input type="checkbox"/> Vendor Information Form</p>	
<p><u>Tax Status</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Not-for-Profit organizations must submit a copy of the 501(c)(3) tax exempt letter from the IRS. <input type="checkbox"/> Registered Day Care Ministries must also submit a completed Church Affiliation Statement ** <input type="checkbox"/> Title XX Proprietary Centers must submit a completed Enrollment Certification Form ** 	
<p><u>Licensing</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Submit a copy of the current license or registered day care ministry certificate. Sites that are not licensed or not a registered day care ministry must complete an Alternate Approval Form ** <p>** One of these documents is required for each site.</p>	

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CACFP CHURCH AFFILIATION STATEMENT

Sponsor Name: _____	
Address _____	
Phone Number: _____	Agreement Number: _____

_____ is an official part of the _____
(Name of Center or Ministry)

_____’s program and the _____
(Name of Church)

_____ has IRS Tax exempt status.
(Name of Church)

The _____ is using the IRS tax exempt
(Name of Center or Ministry)

status of the _____ The Federal Employer
(Name of Church)

Identification Number of the church is: _____

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The _____ accepts
(Name of Church)
responsibility for any money owed to the Child and Adult Care Food Program by the _____, and **assumes full**
(Name of Center or Ministry)
responsibility for the center or ministry's participation and administration of the Child and Adult Care Food Program.

Signature of Church Pastor: _____

Title: _____ Date: _____

Address: _____ Phone Number: _____

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PROPRIETARY (For-Profit) CENTER
ENROLLMENT CERTIFICATION STATEMENT

Complete the following for each Proprietary Center in your organization. (Use additional paper if necessary.)

Sponsoring Organization: _____

Agreement Number: _____

Name of Site	Enrollment or Licensed Capacity	Current Number of Participants Receiving Title XX Benefits (voucher payments)	Current Number of Participants Eligible for Free or Reduced-Price Meals (FRP eligibility)	Percent Eligible
1				
2				
3				
4				
5				

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PROPRIETARY (For-Profit) CENTER
ENROLLMENT CERTIFICATION STATEMENT

Complete the following for each Proprietary Center in your organization. (Use additional paper if necessary.)

Sponsoring Organization: Indian Food Sponsor

Agreement Number: _____

Name of Site	Enrollment or Licensed Capacity	Current Number of Participants Receiving Title XX Benefits (voucher payments)	Current Number of Participants Eligible for Free or Reduced-Price Meals (FRP eligibility)	Percent Eligible
Richard Child Care	Elig: 100 LC: 72	25	31 (31 - 72 = 43)	9.37%

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IDOE/CACFP
02/08

CORE DOCUMENT CHECKLIST

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☐ Authorized representative's original signature in ink

Payment Information

☐ Vendor Information Form

Tax Status

☐ Not-for-Profit organizations must submit a copy of the 501(c)(3) tax exempt letter from the IRS

☐ Registered Day Care Ministries must also submit a completed **Church Affiliation Statement****

☐ Title XX Proprietary Centers must submit a completed **Enrollment Certification Form****

Licensing

☐ Submit a copy of the current license or registered day care ministry certificate. Sites that are not licensed or not a registered day care ministry must complete an **Alternate Approval Form****.

** One of these documents is required for each site.

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ALTERNATE APPROVAL FORM

APPLICATION FOR ALTERNATE APPROVAL OF NONLICENSED INSTITUTION AND FACILITIES revised 05/10

1. (Complete ONE form for EACH Site)

1. NAME AND ADDRESS OF SPONSORING ORGANIZATION	2. NAME AND ADDRESS OF FACILITY
3. CONTACT PERSON AT SPONSORING ORGANIZATION	4. CONTACT PERSON AT FACILITY (MUST BE DIFFERENT AT EACH SITE)
5. SPONSOR CONTACT PHONE NUMBER AND E-MAIL	6. FACILITY CONTACT PHONE NUMBER AND E-MAIL

7. THIS FACILITY IS A: ☐ CHILD CARE CENTER, PRESCHOOL, FOR EXEMPT CARE FOR CHILDREN OVER 36 MONTHS FOR LESS THAN 4 HOURS PER DAY;
☐ HEAD START A REGIONAL PROGRAM, LICENSING NOT REQUIRED;
☐ OUTSIDE SCHOOL HOURS CENTER, EXEMPT FROM INDIANA LICENSING (LESS THAN 4 HOURS/DAY AND/OR 12 DAYS/YEAR);
☐ AT-RISK FACILITY, EXEMPT FROM INDIANA LICENSING (LESS THAN 4 HOURS/DAY AND/OR 12 DAYS/YEAR);
☐ HOMELESS SHELTER, EXEMPT FROM INDIANA LICENSING;
☐ EMERGENCY SHELTER, EXEMPT FROM INDIANA LICENSING;
☐ ADULT DAY CARE (NOT REQUIRED TO BE LICENSED IN INDIANA)
☐ OTHER, PLEASE DESCRIBE: _____

8. NONDISCRIMINATION: Are the services available to all eligible participants without discrimination on the basis of race, color, national origin, age, and disability?
☐ YES ☐ NO If no, explain: _____

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4. SAFETY AND SANITATION: Inspectors are annual facilities inspection and fire inspection every 2 years.

Does the center have current written documents of compliance with: _____

COMMENTS

A. Annual Sanitation Inspection? Exempt ☐ YES ☐ NO

B. State and/or local fire inspection every 2 years? Exempt ☐ YES ☐ NO

C. Does the center hold its fire drills in accordance with local fire and building safety requirements? Exempt ☐ YES ☐ NO

THIS SECTION APPLIES TO CHILD CARE CENTERS ONLY

15. INSTRUCTIONS: Provide the total number of caregivers and the number of children in attendance at the center in each of the age groups specified below. Centers that are currently operating must obtain these numbers from the average daily participation by age group for the three consecutive weeks of operation immediately preceding the completion of this form. Centers that have not been in operation must determine these numbers from their enrollment data. If a center offers more than one independent session, each with at least one meal service, the data must be provided for each session. Please attach additional sheets with the information, if this applies to the center. Number of children per age group at facility divided by maximum number of children for one caregiver equals the number of required caregivers for that age group--total number of caregivers for each age group to interview. Total caregivers needed at center.

AGE RANGE	NUMBER OF CHILDREN	AGE RANGE	NUMBER OF CHILDREN	STAFF:CHILD RATIOS FOR EACH AGE GROUP
0-5 WEEKS		6 YEARS - 10 YEARS		UNDER 6 WEEKS OF AGE 1:3 6 YEARS TO 10 YEARS 1:10
6 WEEKS TO 3 YEARS		10 YEARS AND ABOVE		6 WEEKS TO 3 YEARS 1:4 10 YEARS AND ABOVE 1:20
3 YEARS TO 6 YEARS		Total Number of _____		3 YEARS TO 6 YEARS 1:8

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COMPLETE THIS SECTION FOR EVERY FACILITY	
11. SUITABILITY OF ENVIRONMENT?	
a. Are ventilation, temperature, and lighting adequate for participants' safety and comfort?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
b. Are the floors and walls cleaned and maintained in a safe condition?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
c. Are organized activities available for the participants?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
d. Describe the organized activities:	
e. Are games/toys/materials available that are appropriate for a variety of participants?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
f. Are there adequate kitchen and restroom facilities?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
g. Considering the ages of children and the size of the groups, are space and the arrangement of equipment adequate for:	
1. periods of play?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
2. periods of rest? (required for preschool children)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Explain all NO answers:	
12. SOCIAL SERVICES	
Does the independent center or the sponsoring organization in coordination with its facilities, have procedures for referring families of children in care to appropriate local health and social service agencies? <i>(Please describe)</i>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	

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13. HEALTH SERVICES	
a. Is there an established procedure to ensure prompt medical treatment in case of a participant injury or illness?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
b. Is there an established procedure to ensure prompt medical treatment in case of a participant emergency?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
c. Is each participant observed daily for any indication of difficulty in social adjustment, illness, neglect, or abuse, and is appropriate action initiated if needed?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
d. Are First Aid supplies available on site?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
e. Do staff members undergo periodic health assessments?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
f. Are required health records, including records of medical examinations and immunizations maintained for each enrolled participant?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
g. Is there at least one full-time staff member currently qualified to provide First Aid and CPR if needed?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
h. Explain all NO answers:	
14. STAFF TRAINING	
Does the independent center or sponsoring organization provide for orientation and ongoing training in the child care for all caregivers? <i>(Please describe if no, apply)</i>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	

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15. PARENTAL INVOLVEMENT	
Are parents provided with the opportunity to observe their children in the child care center? <i>(Please describe if no, apply)</i>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
16. SELF-EVALUATION	
Has the independent center or sponsoring organization established a procedure for periodic evaluation of its child care program on the basis of CACFP Child Care Standards? <i>(Please describe if no, apply)</i>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
I certify that the information included on this CACFP Alternate Approval form is true and correct to the best of my knowledge. I understand that this information is being given in connection with the receipt of Federal funds and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes. The program must be made available to all eligible children regardless of race, color, national origin, age or disability.	
Original Signature of Authorized Representative _____ Title _____ Date _____	

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CACFP child care standards. When licensing or approval is not available, independent child care centers, and sponsoring organizations on behalf of their child care centers or day care homes, may elect to demonstrate compliance, annually, with the following CACFP child care standards:

(I) **Staff/child ratios:**

(A) Day care homes provide care for no more than 12 children at any one time. One home caregiver is responsible for no more than 6 children ages 3 and above, or no more than 5 children ages 0 and above. No more than 2 children under the age of 3 are in the care of 1 caregiver. The home provider's own children who are in care and under the age of 14 are counted in the maximum ratios of caregivers to children.

(B) Child care centers do not fall below the following staff/child ratios:

- (1) For children under 6 weeks of age—1:1;
- (2) For children ages 6 weeks up to 3 years—1:4;
- (3) For children ages 3 years up to 6 years—1:6;
- (4) For children ages 6 years up to 10 years—1:15; and
- (5) For children ages 10 and above—1:20.

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Verification Document for At-Risk After-School Snack Programs

NAME OF INSTITUTION	AGREEMENT NUMBER
NAME OF AFTER-SCHOOL SITE	SITE NUMBER (State Agency use only)

As an institution participating in the At-Risk After-School Snack Program, you are required to document that the location of the after-school program is in an eligible area serving a school in which 50% or more of the children enrolled are eligible for free or reduced-price meals. The area eligible school is listed on the CNPweb® Center Information Form at #28.

Instructions: Use one verification form for each location offering an at-risk after-school snack program. Complete the school district for the location of the site. Provide the address of the after-school site (if below). Ask: what school a child would attend if there was a home located at that address. Record the information provided by the school employee below. Submit this form with the center pre-approval form.

1. Record the address for the At-Risk After-School Snack Program below.
Street Address: _____
City: _____ Zip Code: _____
2. Call the School district office or school; provide the phone number: _____
3. Name and Title of school employee providing the information:
Employee Name: _____ Title: _____
4. Ask the school employee where children would go to school if living at the address above (#1). Record the names and types (elementary, middle, high) of schools given to you by the school employee.

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4. Ask the school employee where children would go to school if living at the address above (#1). Record the names and types (elementary, middle, high) of schools given to you by the school employee.

<input type="checkbox"/>	Name of School _____ Type _____
	Street Address _____ City _____ State _____ Zip Code _____
<input type="checkbox"/>	Name of School _____ Type _____
	Street Address _____ City _____ State _____ Zip Code _____
<input type="checkbox"/>	Name of School _____ Type _____
	Street Address _____ City _____ State _____ Zip Code _____

One of the schools listed above must be used for #39 on the CNPweb® Center Information Form

Signature of Person Contacting the School _____ Date of Contact _____

Sponsoring Organizations

- Financial Contact Information
- School Description, Policies, and Terms
- School Data

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Pre-Approval Form
 Complete one pre-approval form for each site you wish to include in the application process.

Delivery of Benefits Form
 Complete the Delivery of Benefits form. Each question must be answered.

Pre-Award Compliance
 Complete all information.

Health Inspection
 Submit a copy of your institution's latest health inspection report.

Board of Directors (Not for Profit Organizations, only)
 Submit a list of your board of director members. Include names and board position.

Menu
 Submit four weeks of menus for each meal or snack you serve daily.

Keep a copy of all documents for your records.

** These forms are available on the Division Website under Contract Renewal Materials for the Child and Adult Care Food Program.

Each organization is responsible for the information on the CACFP web page. The URL for this page is:

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PRE-APPROVAL FORM FOR CENTERS

Center Name and Address: _____ Date: _____

License Information

License Number: _____

License Expiration Date: _____

Date of Registration Certificate: _____

Date of Alternate Approval: _____

Age Range of Enrolled Participants: _____

Food preparation method: _____

Food service structure: _____

Types of Food Service

☐ Licensed Center ☐ Head Start Center ☐ On Site ☐ School Agreement?

☐ Outside School Hours ☐ At Risk Facilities ☐ Food Vendor/Contractor? ☐ Chartered Extension

☐ Adult Day Care ☐ In-school Emergency Shelter ☐ Closed Extension

☐ Licensed/Registered Child Care Facility ☐ Other: _____

☐ Temporary Site Use ☐ Temporary 1800

1. Have the food service employees been trained in food safety and sanitation? ☐ YES ☐ NO

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2. Date of the last health inspection conducted: _____ ☐ Yes ☐ No

3. Is all equipment clean and working order and adequate to prepare, store, and serve the necessary number of meals? ☐ YES ☐ NO

4. Is there sufficient staff to maintain CACFP operations? ☐ YES ☐ NO

5. Have you and keeping requirements form, equipment, & document with the center director? ☐ YES ☐ NO

6. Has your staff been trained on serving to USDA child nutrition requirements? ☐ YES ☐ NO

7. Has nutritional information been collected for the program, menu to be served? ☐ YES ☐ NO

8. If planning menu for 1 week & 1 snack (2 meals & 1 snack), explain the procedure to menu and snack menu.

9. List names of all personnel responsible for CACFP administration and food service and duties assigned to each.

Administrative roles	Food Service
_____	_____
_____	_____
_____	_____
_____	_____

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5. Have you and keeping requirements from Appendix B discussed with the center director? Q/TES: Q/HO

6. Have your staff been trained on Appendix B and other program requirements? Q/TES: Q/HO

7. Have you obtained information from selected for the program, who to be served? Q/TES: Q/HO

8. If obtaining more than 2 meals & 1 snack Q8, 2 meals & 1 snack, explain the procedure to ensure correct cost count.

9. List names of all personnel responsible for CACFP administration and food service and duties assigned to each.

Administrative duties	Food Service

Signature of Center Director _____ Date _____

Signature of Spouse Representative _____ Date _____

A COPY OF THIS FORM SHALL BE SUBMITTED TO THE STATE AGENCY WITH EACH CENTER'S INITIAL APPLICATION. KEEP A COPY FOR YOUR RECORDS.

If My Center is a Non-Profit: spouse@spouse.org

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Preapproval Form

☐ Complete one preapproval form for each site you wish to include in the application process.

VCA Profile

☐ Complete the VCA Profile. Each question must be answered.

Pre-Award Compliance

☐ Complete all information.

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INDIANA DEPARTMENT OF EDUCATION
Child and Adult Care Food Program (CACFP)
Financial Viability, Capability, and Accountability (VCA) Profile for New Institutions

Federal regulation 228.6(b) requires each institution applying for participation in the Child and Adult Care Food Program (CACFP) to submit enough information to document that the institution is financially viable, administratively capable of operating the CACFP, and has internal controls in effect to ensure accountability. To document this, the new institution must prove in its application materials that it is capable of operating in conformance with the following performance standards. The State Agency may only approve institutions that meet these performance standards and must deny the institutions that do not meet the standards.

LEGAL NAME OF SPONSORING ORGANIZATION: _____

PHYSICAL ADDRESS OF SPONSORING ORGANIZATION (STREET, CITY, STATE, ZIP CODE): _____

MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS) (STREET, CITY, STATE, ZIP CODE): _____

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[illegible]

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4. Do you expect the level, function, or nature of the funding to change in the coming fiscal year? If so, what impact will it have on the organization? Attach additional documents if needed.	YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> [] [] []
5. Will this revenue be available to operate the CACFP on a daily basis and, if necessary, subsidize temporary interruptions in CACFP payments and/or fiscal claims against the institution?	[] [] []
6. Does this organization or any of its principals or board members have an outstanding tax lien? If yes, please describe, including who is named on the lien and the dollar amount.	[] []
7. If you are a potential <u>multiple</u> sponsoring organization, what is the geographic area you will serve? (Complete only for multiple site organizations.)	[]
8. If you are a potential sponsoring organization of multiple sites, identify other organizations in the area. Why does your organization need to provide CACFP at these sites when there are already other sponsors providing CACFP at the same geographic area?	[]

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Performance Standard 5—Administrative Capability

The new institution must be administratively capable. Appropriate and effective management practices must be in effect to ensure the CACFP operated in accordance with this standard. There must be an adequate number and type of qualified staff to ensure the operation of CACFP.

9. Have you administered a Child Nutrition Program in the last seven years?

YES NO N/A

[] [] []

If you answered YES to the above question:

a. Have you been declared seriously deficient in the last seven years?

[] []

[2]

Financial Viability, Capability, and Accountability (VCA) Profile for New Institutions

b. Have you been disqualified from any federal program in the last seven years?

[] []

10. What other, if any, federally-funded programs have you operated in the last seven years?

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11. Identify the position, person responsible, and number of staff in that position responsible for the operation of the food program for purchasing, preparing, and serving meals for the facility(s). Describe their responsibilities and duties as assigned. Attach job descriptions or additional paper if needed.
12. Identify the position, person responsible, and number of staff in that position responsible for the administration of the CACFP including training, overseeing food program procedures, and financial reporting. Describe their responsibilities and duties as assigned. Attach job descriptions or additional paper if needed.

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Basic Information			
	YES	NO	N/A
28. Does your facility meet the license requirements set forth by the Family and Social Services Administration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Does your facility meet the unlicensed registered day care ministry requirements set forth by the Family and Social Services Administration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. If you answered NO to the two questions above, you must complete an Alternate Approval form for each facility and submit health and fire inspection reports conducted in the past 12 months. Attach required documents.			
31. How many sites are you including with your CACFP initial application?			
32. Are meals prepared on-site or purchased from a food service vendor? Describe your meal service.			
33. Does your food service operation comply with applicable state and local health and sanitation requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. How will you follow and provide meals that meet CACFP meal pattern requirements?			
35. How will your organization use the CACFP to improve nutrition education?			
36. What is your plan to provide increased physical activity for the enrolled participants?			

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Delivery of Benefits Form
 Complete the Delivery of Benefits form. Each question must be answered.

Pre-Award Compliance
☐ Complete all information.

Health Inspection
☐ Submit a copy of your institution's latest health inspection report.

Board of Directors (Only for Profit Organizations, only)
☐ Submit a list of your board of director members. Include names and board position.

Menus
☐ Submit four weeks of menus for each meal or snack you serve daily.

Keep a copy of all documents for your records.

** These forms are available on the Division Website under Contract Renewal Materials for the Child and Adult Care Food Program.

Each organization is responsible for the information on the CACFP web page. The URL for this page is: www.dss.nm.gov/food

This will provide you with links to the CACFP web, the USER MANUAL, Contract Renewal Materials, and CACFP program materials (Under programs on the left side of the screen, click on the Child and Adult Care Food Program).

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PREAWARD COMPLIANCE REVIEW


This form must be completed and returned with your contract to participate in the Child and Adult Care Food Program.

1) Give an estimate of the racial/ethnic data of the population to be served. This data is from the last census conducted and must be obtained for each county your organization serves. This data is to be listed as a percentage for each category listed below and is expected to remain accurate as received on a five year basis.

American Indian or Alaska Native	_____	Hispanic or Latino	_____
Black or African American	_____	Asian	_____
Native Hawaiian or Other Pacific Islander	_____	White	_____

2) How will your organization assure that minority populations have an equal opportunity to participate?

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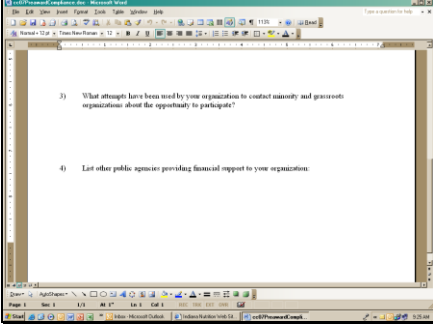
2000 Census Data

Go to <http://www.stats.indiana.edu/>

Follow directions on the handout *How to Access Racial/Ethnic Data for Child Nutrition Programs*

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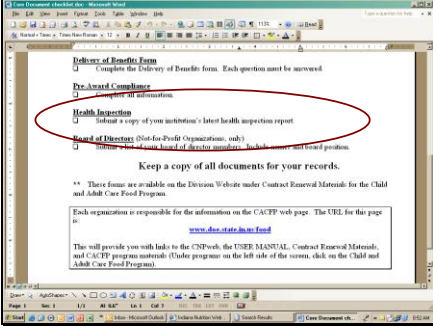
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3) What attempts have been used by your organization to contact minority and grassroots organizations about the opportunity to participate?

4) List other public agencies providing financial support to your organization.

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Delivery of Benefits Form

1) Complete the Delivery of Benefits form. Each question must be answered.

Pre-Award Compliance

1) Complete all information.

Health Inspection

1) Submit a copy of your institution's latest health inspection report.

Board of Directors (Child Care Programs - only)

1) Submit a resolution based on the following information. Attach a copy of the resolution.

Keep a copy of all documents for your records.

** These forms are available on the Division Website under Contract Renewal Materials for the Child and Adult Care Food Program.

Each organization is responsible for the information on the CACFP web page. The URL for this page is:

www.dhs.state.in.us/fund

This will provide you with links to the CNPweb, the USER MANUAL, Contract Renewal Materials, and CACFP program materials (Under programs on the left side of the screen, click on the Child and Adult Care Food Program).

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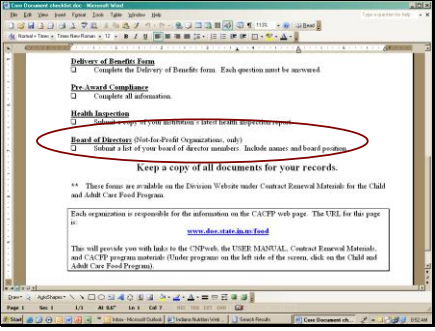


Health Inspection

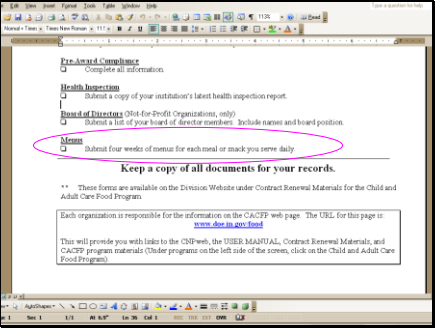
- Report from Licensing visit
- Report from Ministry visit
- Report from any other local, county or state agency that is required for your facility

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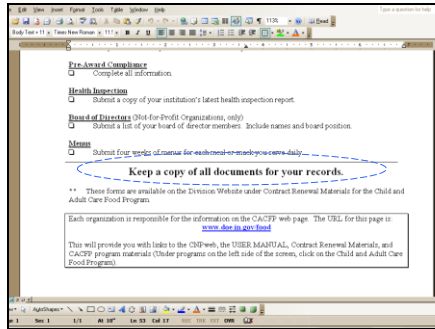
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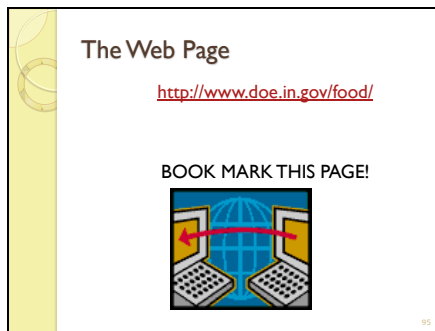
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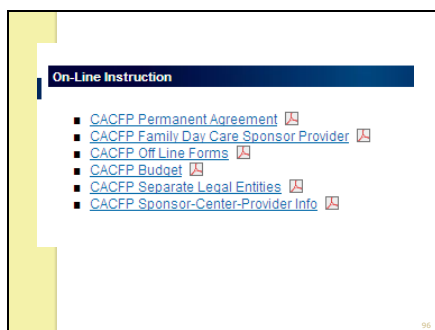
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Basic Recordkeeping Forms

- Application for Free and Reduced Price Meals
- Income Guidelines
- CACFP Enrollment Form
- Parent Letter
- Building for the Future Flyer
- Obligation to Serve Infants in the CACFP

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The CACFP Enrollment Packet

- Application for Free and Reduced Price Meals/Instructions
- CACFP Enrollment Form
- Building for the Future Flyer
- Obligation to Serve Infants in the CACFP (for households with infants)

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IDOE-CACFP

revised 04/03

APPLICATION FOR FREE AND REDUCED-PRICE MEALS

Complete, sign, and return the form to Mya_Jones, Center Director

Please read the instructions. If you need help completing this form, call 202-356-7890

Name of Child Care Facility: Little Friends Playhouse

OR

Name of Family Day Care Home Provider: _____

AND

Name of Family Day Care Home Sponsor: _____

Part 1: List the names of all enrolled children for which you are submitting this application.

Child's Last Name	Child's First Name	Child's Middle Initial	Child's Date of Birth
Morgan	Matthew	A	7/20/2007
Morgan	Amelia	E	8/16/2005

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Part 2 Is this a **FOSTER CHILD**? (If this is a foster child, check here [] and enter the child's monthly personal care income here _____). Complete a separate form for each foster child. Go to Part #3.

Part 3 Are you getting **FOOD STAMPS** or **TANF** benefits for your child or, for **Tim II day care homes**, are you enrolled in any other eligible subsidized benefit program (see instructions)? List the **CASE NUMBER**. DO NOT complete page 2a. Go to part #2.
Food Stamp Case Number _____ TANF Case Number _____
For parents of children in **Tim II Day Care Homes only**, List other eligible program and case number or attach documentation.

Part 4 ALL OTHER HOUSEHOLDS Complete this part only if you did not complete sections #2 or #3. List all household members, including the child listed above. List all income. Go to section #5.

Names	Current MONTHLY Income			
	Monthly Earnings from Work (Include all wages and salaries)	Monthly Values Child Support, Alimony	Monthly Payments from Pension, Annuities, Social Security	Monthly Earnings from (a) or (b) above
1. David M. Mearns	\$ 2,100	\$	\$	\$
2. Emily Mearns	\$ 1,000	\$	\$	\$
3. Michael Mearns	\$	\$	\$	\$
4. Amanda Mearns	\$	\$	\$	\$
5.	\$	\$	\$	\$
6.	\$	\$	\$	\$

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0

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Part 4 SIGNATURE AND SOCIAL SECURITY NUMBERS

DECLARATION FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the food stamp or **TANF** or other eligible program case number or documentation is current, correct, or that all income is reported. I understand that this information is being given for the record of Federal, State, and institution officials may verify the information on the Application for Free and Reduced-Priced Meals, and that deliberate misrepresentation may subject me to Prosecution under applicable State and Federal laws.

Signature of Adult: Emily Mearns Social Security Number: 221-33-6229
(If no indication to the box above)

Printed Name: Emily Mearns Home Phone: 212-899-5628 Work Phone: 212-255-3229

Home Address: 12556 Knicker Court

City: Indianapolis State: IN Zip Code: 46222 Date August 12, 2010

Are you a family day care home provider applying for Tim I benefits? [] Yes [X] No

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Part 6: RACIAL/ETHNIC IDENTITY: You are not required to answer these questions. If you choose to do so:

Please mark one or more of the following racial identities:

<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> White	<input type="checkbox"/> Black or African American
		<input type="checkbox"/> Native Hawaiian or other Pacific Islander

Part 7: OTHER BENEFITS: The law allows us to tell Medicaid and Hoosier Healthwise that your children are eligible for free or reduced-price meals. We may share your application information with Medicaid or Hoosier Healthwise 2025.200.00 not 2025.10.10. If you DO NOT want us to share this information, sign here: _____

Signature of Parent or Legal Guardian

For Information about Hoosier Healthwise health insurance
Call 1-800-889-9949.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution, in the operation of child feeding programs, is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 726-6382 TTY: _____

USDA is an equal opportunity provider and employer

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Child Care Representative Use only

Annual Income Conversion: Weekly X 52 – Every 2 Weeks X 26 – Twice a Month X 24 – Monthly X 12

SECTION A MARK ONE OF THE BOXES BELOW TO SHOW HOW YOU ARE GOING TO DETERMINE ELIGIBILITY.

☐ **FOOD STAMP OR TANF HOUSEHOLD**—the Food Stamp or TANF number meets the criteria for an acceptable case number. Complete Section B & C. **OR**

☐ **FOSTER CHILD**—Compare the foster child's personal income to the guidelines. Complete Section B & C. **OR**

☐ **HOUSEHOLD INCOME**—Complete the information below and Complete Section B & C.

Total Household Size: _____

Total Household Income: \$ _____ Example: \$100/week

Compare total household income to current USDA Income Eligibility Guidelines. When the household incomes are listed for different pay periods, you must convert all income to monthly or annual income. Use the conversion listed above.

SECTION B

BASED ON THE INFORMATION PROVIDED, THIS APPLICATION WILL BE:

☐ approved free ☐ approved Tier I

☐ approved reduced ☐ approved Tier II

☐ and

☐ TEMPORARILY APPROVAL ☐ YES

This application reported zero income or a temporary reduction in household income.

☐ approved free ☐ approved reduced

Temporary approval is good for 45 days and expires on _____ date

Re-evaluate after that date. _____ date

Signature of Sponsor Representative _____

Date of Approval _____

THIS FORM EXPIRES ONE YEAR FROM THE DATE THE APPLICATION WAS APPROVED

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Child Care Representative Use only

Annual Income Conversion: Weekly X 52 – Every 2 Weeks X 26 – Twice a Month X 24 – Monthly X 12

SECTION A MARK ONE OF THE BOXES BELOW TO SHOW HOW YOU ARE GOING TO DETERMINE ELIGIBILITY.

☐ **FOOD STAMP OR TANF HOUSEHOLD**—the Food Stamp or TANF number meets the criteria for an acceptable case number. Complete Section B & C. **OR**

☐ **FOSTER CHILD**—Compare the foster child's personal income to the guidelines. Complete Section B & C. **OR**

☒ **HOUSEHOLD INCOME**—Complete the information below and Complete Section B & C.

Total Household Size: 4

Total Household Income: \$3300/month
Example: \$100/week

Compare total household income to current USDA Income Eligibility Guidelines. When the household incomes are listed for different pay periods, you must convert all income to monthly or annual income. Use the conversion listed above.

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Household Size	Reduced-Price Meals – 185%					Free Meals – 130%				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	20,036	1,670	835	771	386	14,079	1,174	587	542	271
2	26,955	2,247	1,124	1,037	519	18,941	1,579	790	729	365
3	33,874	2,823	1,412	1,303	652	23,803	1,984	992	916	458
4	40,793	3,400	1,700	1,569	785	28,665	2,389	1,195	1,103	552
5	47,712	3,976	1,988	1,836	918	33,527	2,794	1,397	1,290	645
6	54,631	4,553	2,277	2,102	1,051	38,389	3,200	1,600	1,477	739
7	61,550	5,130	2,565	2,368	1,184	43,251	3,605	1,803	1,664	832
8	68,469	5,706	2,853	2,634	1,317	48,113	4,010	2,005	1,851	926
For each additional family member, add	6,919	577	289	267	134	4,862	406	203	187	94

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Centers & Ministries

SECTION B
BASED ON THE INFORMATION PROVIDED, THIS APPLICATION WILL BE:
☐ approved free
☒ approved reduced
☐ paid
☐ NA

TEMPORARY APPROVAL
This application reported zero income or a temporary reduction in household income.
☐ approved free
☐ approved reduced
Temporary approval is good for 45 days and expires on _____ date.
Re-evaluate after that date.

SECTION C
Mary Jane Smith
Signature of Sponsor Representative
8/2010
Date of Approval
THIS FORM EXPIRES ONE YEAR FROM THE DATE THE APPLICATION WAS APPROVED

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The following rates of reimbursement are effective from **July 1, 2010 to June 30, 2011**.

Child Care Centers, Unlicensed Registered Day Care Ministries, Head Start Centers, Outside School Hours Centers, Adult Day Care Centers, Afterschool School Snack Programs, and Homeless/Emergency Facilities	FREE	REDUCED	PAID
Maximum Federal Reimbursement—Breakfast	1.48	1.18	.26
Maximum Federal Reimbursement—Lunch & Supper	2.72	2.32	.26
Maximum Federal Reimbursement—Supplements	.74	.37	.06
Cash-in-Lieu of Commodities (based on the total number of ALL lunches and suppers served)			.025

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1006-CAFP 1038

HOW TO COMPLETE THE APPLICATION FOR FREE AND REDUCED-PRICE MEALS

Please complete the Application for Free and Reduced-Price Meals using the instructions below. Sign the form and return it to _____ If you need help, call: _____

The Child Care Facility or the Family Day Care Home Sponsor should complete the facility/provider sponsor information.

Part 1 CHILD INFORMATION Print the complete name and birth date of each child in your household for which you are applying for meal benefits.

Part 2 FOSTER CHILDREN Complete this part and sign the form in Part #3.
(a) Mark the space to indicate this is a foster child and write the foster child's monthly "personal use" income. Check the space if the foster child does not get "personal use" income.
(b) A foster parent or other official representing the child must sign the form in Part #3. You do not have to list a social security number or household income.
(c) Complete a separate form for each foster child.

Part 3 FOOD STAMPS/TANF II CATEGORICAL ELIGIBILITY Complete this Part and sign the form in Part #3.
(a) If you are applying for meals at a child care facility, list the current food stamp or TANF case number(s) for any member of your household.
(b) If you are a family day care home provider applying for child care Tier I benefits, list the current food stamp or TANF case number(s) for any member of the household.
(c) **Apparitions case numbers are not eligible, long and begin with 10.**
(d) If your child is enrolled in a *Star Family day care home*, list any other eligible program and case number, as applicable. (See the List of Other Categorical Eligible Programs on the backside of these instructions.)
(e) Sign the form in Part #3. An adult household member must sign. You do not have to list a social security number or household income.

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FY 2011 PARENT LETTER FOR NON-PROFIT INSTITUTIONS
(Effective July 1, 2010 – June 30, 2011)

INSTRUCTIONS FOR RESPONDENTS: Please send printing address, fax, Internet website's name, address, and telephone number or print on Internet. A copy of this Letter on Application for Free and Reduced Price Meals, and a **Request for the Parents Payor** must be given to the parent or guardian of each child enrolled in your organization. Write this form in permanent, indelible, permanent, legible, blue, and red.

Dear Parent or Guardian:

Your child is eligible for free or reduced price meals if your household income is less than or equal to the amounts listed below:

Household Size	Monthly Income	Household Size	Monthly Income
1	1,970	5	5,976
2	2,247	6	6,553
3	2,523	7	5,130
4	2,800	8	5,796

For each additional family member, add \$177

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Building For the Future

This day care facility participates in the Child and Adult Care Food Program (CACFP), a Federal program that provides healthy meals and snacks to children attending day care.

Each day more than 2.6 million children participate in CACFP at childcare homes and centers across the country. Providers are reimbursed for serving nutritious meals that meet USDA requirements. The program plays a vital role in improving the quality of day care and making it more affordable for low-income families.

Meals CACFP homes and centers follow meal requirements established by USDA.

Breakfast	Lunch or Supper	Snacks
Fruit	Meat or meat alternate	Meat or meat alternate
Fruit or Vegetable	Grains or bread	Grains or bread
Grains or bread	Two different servings of fruit or vegetables	Fruit or vegetable

Participating Facilities Many different homes and centers operate CACFP and share the common goal of bringing nutritious meals and snacks to participants. Participating facilities include:

- Child Care Centers - Licensed or approved public or private nonprofit child care centers, head start programs, and day camps
- Family Child Care Homes - Licensed or approved private homes
- After School Care Programs - Licensed or approved programs providing free snacks to school-age children and youth.
- Emergency Shelters - Programs providing meals to homeless children

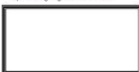

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Eligibility State agencies reimburse facilities that offer non-residential day care to the following children:

- Children age 12 and under
- Marginal children age 13 and younger, and
- Youths through 18 in after-school care programs in needy areas

Contact Information If you have questions about CACFP, please contact one of the following:

Sponsoring Organization/Center	Indiana Department of Education
	

USDA is an equal opportunity Provider and employer.
[Click here for the Future ENR](#)

English Version

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IDOE/CACFP
December 10, 2004

Name of Institution: _____
Sponsor ID Number: _____
Name of Facility: _____

ENROLLMENT FORM

Name of Child: _____ Birthdate: _____

In the chart below, please indicate the normal days and hours your child is in care, and the meals received while in care.


	MON	TUES	WED	THUR	FRI	SAT	SUN
Please check (✓) the days your child is normally in care.							
Please enter the normal hours your child is in care (e.g. 7:30 am - 1 pm)							
Please check (✓) the meals your child normally receives while in care	Breakfast Lunch Dinner Snack	Breakfast Lunch Dinner Snack	Breakfast Lunch Dinner Snack	Breakfast Lunch Dinner Snack	Breakfast Lunch Dinner Snack	Breakfast Lunch Dinner Snack	Breakfast Lunch Dinner Snack

This information is required by CACFP federal regulations at (228.15(a)(2) and (3) for each enrolled participant, and must be updated **annually**.

Signature of Parent or Guardian: _____ Date: _____
Printed Name: _____ Phone Number: _____

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 **CACFP**
Assistance
to Parents

Obligation to Serve Infants in the CACFP IDOE/CACFP
revised 06/02

Dear Parents/Guardians:

This center/home/ministry participates in the Child and Adult Care Food Program (CACFP) and receives USDA reimbursement for serving nutritious meals to infants and children. Participation in this program requires caregivers to follow specific meal patterns according to the age of the child being fed.

Policy requires a center/home/ministry participating in the CACFP to offer formula and meals to infants who are in care during meal service times. Parents/guardians, however, may decline what is offered, and supply the infant's meals instead.

Please complete the following information:

Name of Provider/Child Care Center/Ministry: _____
Name of Infant: _____
Birth date: _____
Type(s) of formula offered: _____

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☐ I **accept** the type(s) of formula offered by my provider/childcare center/ministry.

☐ I **decline** the type(s) of formula offered by my provider/childcare center/ministry.

☐ I **will provide** _____ **formula/breast milk for my infant.**

* * * * *

☐ I **accept** the meals and snacks offered by my provider/childcare center/ministry.


☐ I **decline** the meals and snacks offered by my provider/childcare center/ministry.

☐ I **will provide meals and snacks for my infant.**

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

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A lot of information

- Familiarize you with the CACFP requirements
- Learn the steps necessary to apply for the Program
- Reviewed the core documents
- Basic records to get you started.


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THANK YOU!

- At this time we will take your questions.
- Use the “raise hand” button and we will call your name.



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